



The Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of Registration of Respiratory Care  
239 Causeway Street, Boston MA 02114

617 - 727 - 1747

[www.state.ma.us/reg/boards/rc](http://www.state.ma.us/reg/boards/rc)

**Limited Permit Application  
for  
Students currently matriculated in an accredited respiratory care program.**

*Please print or type all information*

1. Full Name \_\_\_\_\_  
*Last First Middle Maiden*

2. Residence \_\_\_\_\_  
*Number Street Apt*  
\_\_\_\_\_  
*City/Town State Zip Code Phone Number*

3. Date of Birth: \_\_\_\_\_

4. Social Security Number |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| (MANDATORY)

(You **must** provide your social security as part of your application. Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.)

4. School Name \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Matriculation Date \_\_\_\_\_

Type Program \_\_\_\_ Bachelor's Degree \_\_\_\_ Associate Degree \_\_\_\_ Certificate

5. Are you the subject of any pending disciplinary action(s) or has any disciplinary action been taken against you within the past 10 years by any governmental agency (e.g. a licensing board) or a third party insurance carrier or a professional association? .....☐ Yes ☐ No

If **yes**, attach a complete explanation of any such action(s).

6. Have you voluntarily surrendered or resigned any professional license to a licensing board or certification board within the past 10 years? .....☐ Yes ☐ No  
If **yes**, attach a complete explanation of any such action(s)
7. Have you been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? .....☐ Yes ☐ No  
If **yes**, attach a complete explanation of any such action(s).
8. Pursuant to G.L. c. 62C, s. 49A, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law?.....☐ Yes ☐ No  
If no, attach a complete explanation.
9. Pursuant to G.L. c. 119, s. 51A and G.L. c. 112, s. 1A, I certify that I will fulfill my obligation to report the abuse or neglect of children. ....☐ Yes ☐ No

AFFIDAVIT - I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Board of Respiratory Care any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Respiratory Care to release information contained in this application in association with its processing.

The MA Board of Respiratory Care has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for a license as a Respiratory Therapist, I acknowledge that a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.

I agree to abide by the rules and regulations for licensing in Respiratory Care as defined in and promulgated pursuant to G.L. c. 112, ss. 23R through 23BB.

I attest that the statements made herein are truthful and are made under the pains and penalties of perjury

Attach a  
2" by 2"  
passport-type  
color  
photo

\_\_\_\_\_  
Applicant's Signature **signed in the presence of a notary** \_\_\_\_\_ Date \_\_\_\_\_

Notary Name (print) \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires on : \_\_\_\_\_

**For official use only**

**Reviewed by:** \_\_\_\_\_ **Limited Permit Issue Date:** \_\_\_\_\_ **Limited Permit #** \_\_\_\_\_

**Anticipated Respiratory Therapy Program Completion Date:** \_\_\_\_\_

**Type Program:** Bachelor's Degree \_\_\_\_ Associate Degree \_\_\_\_ Certificate \_\_\_\_

**Limited Permit Expiration Date:** \_\_\_\_\_

The expiration date of a Limited Permit may be extended by the Board, as provided in 261 CMR 2.08 (3)(b).

A Limited Permit shall *automatically* expire upon a student's withdrawal or dismissal from an accredited Respiratory Care education program or upon notice to the Permit holder that he/she has failed the CRT examination.

A Limited Permit shall be valid during a student's matriculation in an accredited Respiratory Care education program and for no more than 180 days after the Limited Permit holder's graduation from the program, provided the Limited Permit holder has filed a full license application with the Board of Respiratory Care. During the 180 days after graduation, the Limited Permit holder must take and pass the CRRT examination and provide official documentation of same to the Board, in completion of the full license application.

A copy of the statute & regulations pertaining to Respiratory Care is available on the Board's web site at [www.state.ma.us/reg/boards/rc](http://www.state.ma.us/reg/boards/rc), or from the State House Bookstore, Room 116, State House, Boston, MA 02133. Phone: (617) 727-2834. The statutes for Respiratory Care are Massachusetts General Laws, Chapter 13, section 11B and Chapter 112, sections 23R through 23BB. The Board regulations are 261 Code of MA Regulations, sections 2.00 through 5.00.

**Fee**

Attach a non-refundable application fee of **\$100.00** (check or Money Order) payable to the Commonwealth of Massachusetts.

**A completed Verification of Education form, signed by the respiratory therapy education program Director, must accompany this application.**

Revised 2003